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COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE ANNUAL REPORT DUE JUNE 30, 2006



ORGANIZATION ID #

0607861

STATE OR COUNTRY OF INCORPORATION

(Y

ORGANIZATION DATE

03/08/2005

FILING

\$15.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDR	RESS
H & G PROPERTIES INC. RECEIVED P.O. BOX 188	
GRAND RIVERS, KY 42045 FEB 1 4 2006	(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO
SECRETARY OF STATE COMMONWEALTH OF KY	
(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS Changes made to the registered agent or registered office cannot be made on this form. Complete (4) to request a form to be mailed or download form from web site.	
NATIONAL REGISTERED AGENTS, INC.	(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO
400 WEST MARKET STREET	
SUITE 1800	
LOUISVILLE, KY 40202	
(5) PRINCIPAL OFFICERS If (5) is blank, type or print the names and business addresses be returned if business addresses are not listed. If the corporation has previously filed a any additions to or changes in the principal officers and give the business address for	n annual report, verify the names and titles of officers listed below. Please note
President VIDA-D. GARY (SOLE OFFICER)	P.O.Box 188, GRAND RIVERS, KY 42045
Vice-President	Address
Secretary	Address
Treasurer	Address
·	Address
	Address
(6) DIRECTORS Type or print the names and business addresses of the corporation's (KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors	directors. No listing of directors is verification that the corporation has dispensed with directors 273.211). The annual report will be returned if business addresses are not listed.
Name	Address
(7) Check here if you are a cooperative corporation or association organized under KRS 272. Check here if you are a rural electric or rural telephone cooperative corporation organized under KRS 279. I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED. VIDAD. GARY Signature of Officer or Chairman of the Board Type or Print Name Title Date	
Signature of Officer or Chairman of the Board Type or Pr	int Name Title Date
ANNUAL REPORT AND FILING FEE Submit for filing the completed annual report form and correct filing fee as indica not send cash.	ated above. Make check payable to the" <i>Kentucky State Treasurer". Please d</i> o

MAILING ADDRESS

Trey Grayson Secretary of State P O Box 1150 Frankfort, KY 40602-1150 OFFICE LOCATION
Secretary of State

Secretary of State State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601 (502)-564-2848 NOTE: P O Box 1150 is for annual report filings only.